

Susan H. Paschell (Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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NOV 02 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	(s) Susan H. Paschell; James P. Monaha	DEPARTMENT OF STATE
II. Name of lobbyist	s partnership, firm or corporation, if any	
The Dupont Group (Name of partnership, firm	or corporation)	
114 N Main St. Suite Business Address: (Street)	e 401 Concord, NH 0330I (Town/City) (State) (Zip Code)	
(603 )228-3322 (Telephone)	(603) 228-0713 (Fax)	e-mail jmonahan@dupontgroup.com
	eovers: (Choose one – file separate reports s which are not attributable to any one clie	for each client, OR you may file a separate report for reportable at).
All reportable t	ransactions occurring in the month prior to th	ne reporting date relative to the following client:
Bi State Primary Ca	re Association	s on the Lobbyist Registration Form)
OR	(ruit Name of Citent as it appears	son the Loopyist Registration Comity
All reportable traito any particular clier		yist's family), or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 25, 2018  activity from date of registration to 3/31/18	July 25, 2018   activity from 4/1/18 to 6/30/18
	October 31, 2018 X activity from 7/1/18 to 9/30/18	January 30, 2019  activity from 10/1/18 to 12/31/18
V. There have been If this box is checked 03301.	no fees received and no reportable transac, complete just this form and submit it to the	ctions made since the last report.   Secretary of State's Office, State House, Room 204, Concord, NH
	nal reports are attached: wed fees or made expenditures, you must file	Addendum A- Fees and Expenses
☐ If you have paid a	an honorarium or reimbursed expenses, you r	nust file Addendum B- Report of Honorariums or Expense
☐ If you, your firm,	or your family has made political contribution	ons, you must file Addendum C- Political Contributions.
Sworn Statement/A I have read RSA 15, best of my knowledg		r affirm that the foregoing information is true and complete to the
parawith. 4	aschell	
(Signature of lobbyist)		10/31/2018(Date)



I. Name of Lobbyist(s)

# STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

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NEW HAMPSHIRE DEPARTMENT OF STATE

Susan H. Paschell; James P. Monahan	<del></del>
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client Bi State Primary Care Association	Date 10/31/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to including fees for services such as public advocacy, government relations, or plegislation, and related legal work. The gross fee amount reported shall not be	public relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$6,000
b) Total of all fees received this calendar year, prior to this reporting period	b) \$12,000
(This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date (Add lines a and b)	c) \$18,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) <b>\$0</b>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if experimental to any one client a separate report may be filed for the lobbyist(s)/fir categories of expenses: (a) the aggregate total of all expenses paid during the roffice expenses; (b) the aggregate total of all individual expenses where the expurchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person be itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported.	rnditures are made by the lobbyist(s)/firm that are rm. Expenses are to be reported in one of three reporting period for salaries, benefits, support staff, and penditure was of \$25.00 or less (for example: meals to of a pen with a value of less than \$10 that is given to being lobbied with a value of \$25.00 or less); and (c) an period of greater than \$25.00 for any purpose not 5, purchase of a ceremonial object to be given to the staurant expenses for a legislative reception). Expenses
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ '
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	I lobbying fees during this reporting period, including b
Paid to: Amount:	
	\$
	\$
	\$
	\$
	\$
	\$
••••••	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that best of my knowledge and belief.  Jusau H. Paschell	t-the foregoing information is true and complete to the
	//2018
(Signature of lobbyist) (Date	
Susan H. Paschell (Print Name of lobbyist)	

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#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Statement of Income and Expenses for:				
Name of Lobbying partnership, firm, or corporation: The Dupont Group				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular				
client); Bi State Primary Care Association				
Date of Report (check one):				
April 25, 2018				
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s).				
Q Addendum B(s).				
<u>0</u> Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
The best of my knowledge and better.				
(Signature of lobbyist) 10/31/2018 (Date)				
James P. Monahan (Print Name of Jahhvist)				